Reverend Charles Woody

Testimony Bill #5499

3/16/12

Dear Madame Chair and Distinguished Committee Members:

I am Rev. Charles H. Woody and hold a Master of Divinity degree, have completed five units of CPE, have been an Ordained Elder in the African Methodist Episcopal Zion Church since 1975, a pastor for 38 years and a chaplain for 14 years.

I am here to testify against Bill #5499. Like other professional practitioners such as a pharmacist who is licensed, you need to have spiritual people who have formal pastoral education. These spiritual practitioners need more than an interest in faith, they need formal education. The proposed regulations do not require formal pastoral education. Sure, they must be trained as to the policies and practices of the facility, but they must be sensitive. They should not be just your "fly by night" person; they must be persons who are committed to the spiritual well being of the patient. Think of a diverse group of people. . . all backgrounds; all walks of life; all with different mindsets of what it is that spiritual care should be; while with all the best intention they may carry their private spiritual agenda into the patient family interaction. At Connecticut Hospice we have a broad base of people that walk through the door. That's why it is so difficult to get spiritual care volunteers. There are people that come in here that want to preach, want to proselytize people and have all kinds of ideas of what spiritual care should be. That's what you're going to get out there under these new regulations; all kinds of spiritual input that may not be sensitive. This is because the educational requirements are absent. Trained people have education and experience which render them able to be sensitive. This enables them to help patient and families to get from several different ideas to a single concept so that their focus is the same. We don't want to take away their diversity of beliefs because that's a plus for us that everyone is a little different; but what is significant is the fact that we want to foster the time spent with the patient and family who is going through a difficult time in their life in a supportive and appropriate manner and not risk injecting an untrained person's spiritual belief into that situation.

Clinical Pastoral Education provides the foundation to work with the patient and family you have in front of you. And the confidence to know who you are as a caretaker will not be threatened by being involved with people of other beliefs that are different from yours. Clinical experience helps you because you are exposed to people of all different faiths. Then to learn by reflection what did or did not take place thus growing in the End of Life Ministry.

The difference between what they have proposed and what we do is dramatic. Within 20 minutes after we are contacted some response will take place; that means in real time when you have a dying patient, you don't know when their last breath is going to be

so it's not that you have time to "beat around the bush," you have to do something that's going to be in this patient/family's best interest so if the family is looking for religious rites of a priest then you're on the phone trying to connect with someone with whom you already have contracted with to be available to help this family at this time. Don't forget, when someone is admitted inpatient, the patient and family have immediate support when they walk through the door. It is not some time later. We take care of their religious needs when they come in the door; there's an affirmative solicitation of what needs they might have. Faith beliefs are especially important to many patients and families. These needs will probably not be timely addressed as outlined in the new regulations.

For example, we have a process/policy of getting a priest in for religious rites. Who knows what the new regulations/hospice would have because they're not obligated to have an ordained pastor among their professionals, or someone who has had Clinical Pastoral Education. One thing lost under the new regulations will be the professional rapport; so when one clergy contact another clergy, there is a certain level of respect. When a lay person calls, it could be because the clergy who you are speaking with is going to say, "Have you assessed the situation, how serious is it, is it something that you feel can wait?" We have doctors, nurses, and pharmacists available to help understand the urgency of care. With the medical person's assistance, you kind of know who won't be here today and who will be here tomorrow. You have something to judge and to go by, but if you have no clinical experience, how do you know and if you have an agenda, your agenda is going to come first if you have not set up any kind of situations or scenarios that say that say if I get a call. The new regulations just simply say that you have to be a counselor and that can be called on to offer support. And in the old regulation, you have to be ordained and have to have five years of clinical experience. Patients and families at the end of life deserve better spiritual intervention than the new regulations requires.